

<b>CLAIMS ONLY</b>							Application Number <div style="text-align: center; font-family: cursive;">10073060</div>		Filing Date		
							Applicant(s)				
<i>2-19-06</i>							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	8						Total Indep				
Total Depend	32						Total Depend				
Total Claims	40						Total Claims				